## PART B - FEE(S) TRANSMITTAL

## Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Atents F.O. Box 1462 Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for

maintenance ree notificat	10118.						
CURRENT CORRESPONDE	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, mus have its own certificate of mailing or transmission.						
26111	Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the Unites  States Postal Service with sufficient postage for first class mail in an envelop addressed to the Mail Stop ISSUE FEE address above, or being facsimil transmitted to the USFT0 (571) 273-2885, on the date indicated below.						
STERNE, KES 1100 NEW YOR WASHINGTON							
							(Depositor's name)
							(Signature)
							(Date
APPLICATION NO.	FILING DATE	FIRST NAMED INVE		TOR	R ATTORNEY DOCKET NO.		CONFIRMATION NO.
09/840,923	09/840,923 04/25/2001		Michael G. Foulger		2222.9500001		6526
TITLE OF INVENTION:	SYSTEM AND MET	OD FOR SCHEDULING	G EXECUTION OF C	ROSS-PLATFORM (	COMPUTER	PROCESSES	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE I	UE PREV. PAID ISSU	JE FEE TO	TAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$0	\$1740		11/17/2008
EXAMINÉR		ART UNIT	CLASS-SUBCLASS				
TANG, KENNETH		2195	709-100000				
	nce address or indication ondence address (or Cha 1/122) attached. cation (or "Fee Address 2 or more recent) attack	2. For printing on the patient front page, list (1) the name of up to 3 registered patient attorneys or agents OR, alternatively.  (2) the name of a nighe firm (having as a member of 2 registered patient attorneys or a agents. If no name is listed, to name will be printed.					
3. ASSIGNEE NAME AT							
PLEASE NOTE: Unle recordation as set forth	ess an assignee is iden i in 37 CFR 3.11. Com	ified below, no assignee pletion of this form is NO	data will appear on t T a substitute for filin	he patent. If an assig g an assignment.	nee is identii	ied below, the do	cument has been filed for
(A) NAME OF ASSIGNEE			(B) RESIDENCE: (CITY and STATE OR COUNTRY)				
Kforce Inc.			Tampa, Florida				
Please check the appropri	ate assignee category o	r categories (will not be pr	rinted on the patent);	□ Individual 🖾 C	Corporation of	other private gro	up entity 🗖 Governmen
4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)							hown above)
Issue Fee		☐ A check is enclosed.  ☐ Payment by credit card. Form PTO-2038 is attached.					
☑ Publication Fee (No small entity discount permitted) ☐ Advance Order - # of Copies			The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-0036 (enclose an extra copy of this form).				
			overpayment, to l	Deposit Account Numb	ber _19-0036	(enclose ar	extra copy of this form).
	SMALL ENTITY stat	us. See 37 CFR 1.27.		longer claiming SMA			
NOTE: The Issue Fee and interest as shown by the r	Publication Fee (if req ecords of the United St	uired) will not be accepte ates Patent and Trademark	d from anyone other to c Office.	nan the applicant; a reg	gistered attors	ney or agent; or the	e assignee or other party i
Authorized Signature Cinathy O. Soyle Date November 17, 2008							
Typed or printed name		Registration No. 51,262					
This collection of inform an application. Confident submitting the completed this form and/or suggests Box 1450, Alexandria, V Alexandria, Virginia 223 Under the Paperwork Rec	13-1430.						